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FACSIMILE COVER SHEET

February 23, 2005

Receiver: Examiner Mohammad A. Siddiqui
Art Unit 2154

TEL #:

FAX #: 703-872-9306

Sender: Fredrik Mollborn, Reg. No. 48,587

Re: Amendment Transmittal (1 pgs.)
Amendment C (13 pgs)
Application No. 09/777,261
Attorney Docket No. SUN1P807/PS231

Pages Including Cover Sheet(s): 15

MESSAGE:

CONFIDENTIALITY NOTE

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: ANDERSON et al. Attorney Docket No.: SUN1P807/P5231

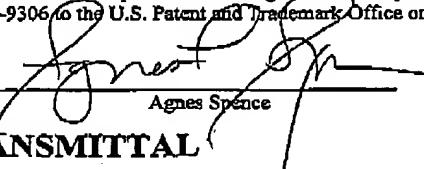
Application No.: 09/777,261 Examiner: SIDDIQI, Mohammad A.

Filed: February 5, 2001 Group: 2154

Title: TECHNIQUES FOR TRANSMISSION Confirmation No.: 3389
OF MESSAGE FRAGMENTS BETWEEN
OBJECT REQUEST BROKERS

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to fax number 703-872-9306 to the U.S. Patent and Trademark Office on February 23, 2005.

Signed: 

Agnes Spence

AMENDMENT TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

| | Claims After Amendment | | Highest Previously Paid For | Present Extra | Small Entity Rate Fee | Large Entity Rate Fee |
|--|------------------------------|-------|-----------------------------------|------------------|--------------------------|--------------------------|
| Total Claims | 23 | MINUS | 23 | 0 | x 25 = | x 50 = 0 |
| Independent Claims | 5 | MINUS | 5 | 0 | x 100 = | x 200 = 0 |
| Multiple Dependent Claim Present and Fee Not Previously Paid | | | | | \$180.00 | \$360.00 |
| | | | | Total | \$ | \$0 |

Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.

Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.

Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.

Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. SUN1P807).

Respectfully submitted,

BEYER WEAVER & THOMAS, LLP



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